

Receipt # \_\_\_\_\_

**TROY RECREATION DEPARTMENT'S  
2006 GYMNASTICS PROGRAM  
held at Van Cleve School**

**(CLASS LIMIT OF 20 PER AGE GROUP PER SESSION)**

Participant's Name \_\_\_\_\_ Male/Female  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
(street) \_\_\_\_\_ Zip \_\_\_\_\_  
(city) \_\_\_\_\_  
Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
Allergic to any medication? \_\_\_\_\_  
Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Emergency call \_\_\_\_\_ Phone \_\_\_\_\_  
(neighbor or relative) \_\_\_\_\_  
  
Parent's Name \_\_\_\_\_  
  
E-Mail Address \_\_\_\_\_

\_\_\_\_\_ **Session I (June 5-June 29)**

\_\_\_\_\_ **Session II (July 3-July 31)**

**GYMNASTICS CLASSES**

**AGES 3-9**

Monday and Wednesday  
\_\_\_\_\_ 10:00 - 11:00 A.M. (Ages 3-5)  
\_\_\_\_\_ 11:00 - 12:00 Noon (Ages 6-9)

Tuesday and Thursday  
\_\_\_\_\_ 10:00 - 11:00 A.M. (Ages 3-5)  
\_\_\_\_\_ 11:00 - 12:00 Noon (Ages 6-9)

**AGES 10-12**

Monday and Wednesday  
\_\_\_\_\_ 12:00 - 1:00 P.M.

Tuesday and Thursday  
\_\_\_\_\_ 12:00 - 1:00 P.M.

**AGES 13-18**

Monday and Wednesday  
\_\_\_\_\_ 12:00 - 1:30 P.M.

**WAIVER AND RELEASE**

We, the undersigned being fully aware of the dangers inherent to the sport of gymnastics, do give permission for our son/daughter to participate in the Gymnastics program. We do hereby expressly waive any and all claims and rights of whatever nature, which may arise against the City of Troy, Troy Recreation Department, Troy City School System, Troy Recreation Director, instructors, the supervisory staff, or their agents or servants, as a result of injuries incurred by our child while participating in this program.

Date \_\_\_\_\_

Signature \_\_\_\_\_  
(parent or legal guardian)

**REGISTRATION FEE: \$26.00**

\_\_\_\_\_ **PAID**

**REFUND POLICY:** Department will make program refunds only for the following:

1. If the program is cancelled by the department.
2. If the registered participant moves out of town before the program starts.
3. If the registered participant becomes ill before the program starts and furnishes a Doctor's statement.